



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 30770 RUSSELLRANCHRDBLDGD H, WESTLAKE VILLAGE, CA 91362

TELEPHONE: (805) 496-9978

OWNER OF BUSINESS: PATTI PEPPER

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED: CRAIG L LEVRA

FICTITIOUS NAME: TOTAL WOMAN GYM & SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	09/27/16	nlove
<input checked="" type="checkbox"/> 3. Building & Safety	YES	03/10/16	nlove
<input checked="" type="checkbox"/> 4. Fire Department	YES	02/04/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	01/16/15	tchen
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	04/16/15	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	03/10/16	nlove
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	10/06/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/27/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions: --"The Certificate of Liability Insurance is appropriate and in effect." PER EMAIL TO NICOLE LOVE FROM ERNIE ROMO, LIABILITY CLAIMS CEO RISK MANAGEMENT BRANCH (213) 351-6434  
FROMO@CEO1.ACOUNTY.GOV --CRAIG L LEVRA

BASIC LICENSE NO. 5912

DATE 09/28/16

IDENTIFICATION NUMBER 141928

**COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR  
BUSINESS LICENSE INVESTIGATION REPORT**

Account# 141928

Application for  
**Health Spa/Club**

Date  
04/07/15

Hearing Date

D.B.A. <b>Total Woman Gym &amp; Spa</b>		Organization or Corporation <b>TW Holdings, Inc.</b>		Incorporation Date <b>08/25/07</b>	
Address of Proposed Activity <b>30770 Russell Ranch Rd, Westlake Village 91362</b>		Contacted <b>Kim Matthews</b>		Date Contacted <b>04/07/15</b>	
Applicant, Sponsoring Adult or Corporate Officer <b>1. Corrine Perritano</b>		Position <b>CEO</b>		Ever Arrested Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address	Hgt.	Wgt.	Hair	Eyes	DOB
[REDACTED]					
Position		Ever Arrested		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	Address	Hgt.	Wgt.	Hair	Eyes
[REDACTED]					
Position		Ever Arrested		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Address	Hgt.	Wgt.	Hair	Eyes
[REDACTED]					
Position		Ever Arrested		Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Address	Hgt.	Wgt.	Hair	Eyes
[REDACTED]					
Position		Ever Arrested		Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	Address	Hgt.	Wgt.	Hair	Eyes
[REDACTED]					
Position		Ever Arrested		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Sub-Leased From Whom: <b>SDG Russell Ranch Associates LLC</b>					
Termination Date of Lease <b>07/31/29</b>		Immediate Vicinity <b>Retail &amp; Restuarants</b>		School or Churches <b>None</b>	
Hearing Notice Posted					
Charitable Activity <b>No</b>	Proposed Date of Activity <b>N/A</b>	Age Group <b>35-40</b>	Admission Charged <b>Yes</b>	Amount <b>Varies</b>	Security Guards Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No. N/A
Estimated Attendance <b>3,400/mo.</b>	Posted Capacity <b>201</b>	Parking – Location <b>Shopping Center</b>	Number <b>No Assigned</b>	Paved <b>Yes</b>	Lighting <b>Adequate</b>
Outside Signs <b>Front of building</b>					Interior Lightning <b>Adequate</b>
Alcoholic Beverages Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Type ABC License <b>N/A</b>		ABC Licensed Issued To	
Location Previous Licensed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		Applicant Previously Licensed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date Current		License Suspended, Revoked, or Denied Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date	
Type <b>Health Spa/Club</b>		Type <b>Health Spa/Club</b>		Type <b>-</b>	
Date Started Operation <b>08/01/14</b>	Billiard Tables Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number	State Board Number <b>N/A</b>			
Attire <b>Logo Shirt</b>	Type of Food Served <b>N/A</b>	Entertainment (Describe) <b>N/A</b>			
Hours of Operation <b>Mon - Thurs 5am - 10pm Friday 5am - 9pm Sat - Sun 6am - 7am</b>	Days of Operation <b>7 days</b>	County License Number <b>141928</b>			

Description of Vehicles		Model	Vehicle License Number	County License Number
Year	Make			

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Color Scheme and Insignia on vehicles

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Schedule of Rates

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Additional Information

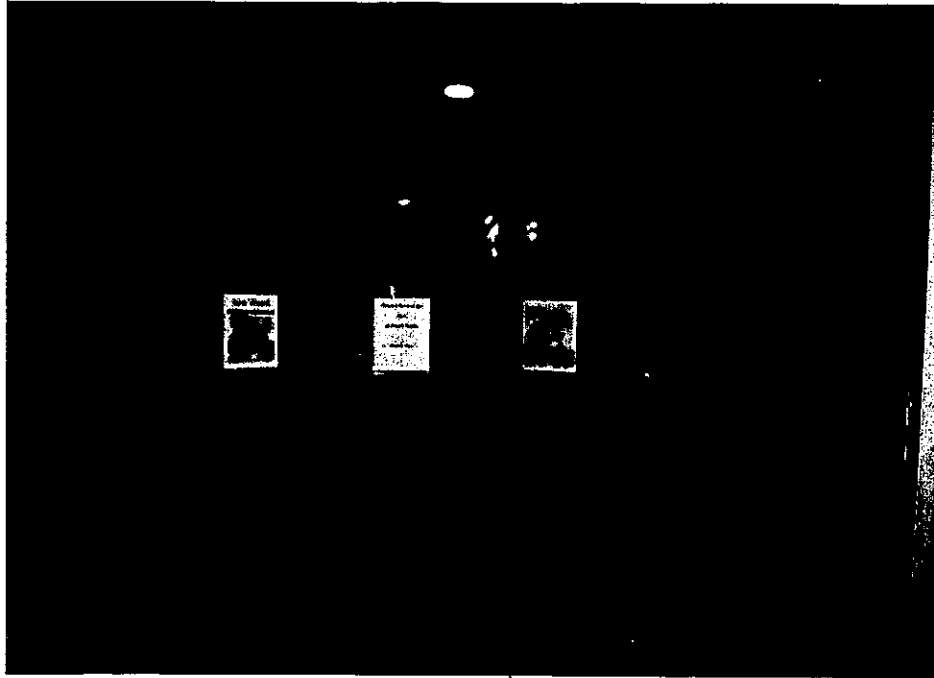
**O. Partida**  
Investigated By

4/7/15  
Date

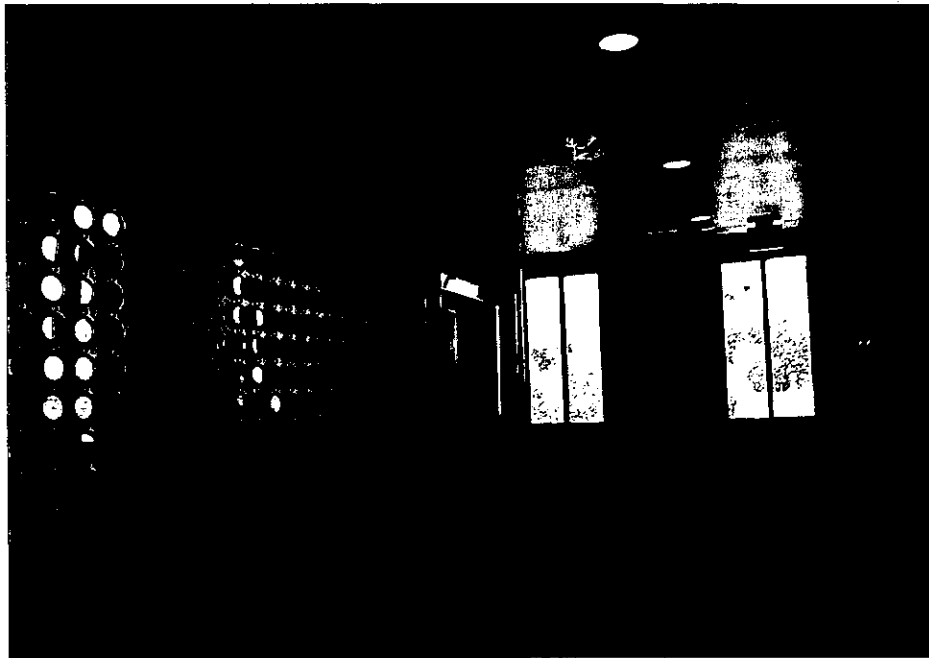
Reviewed By

Date





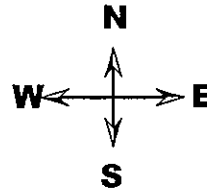




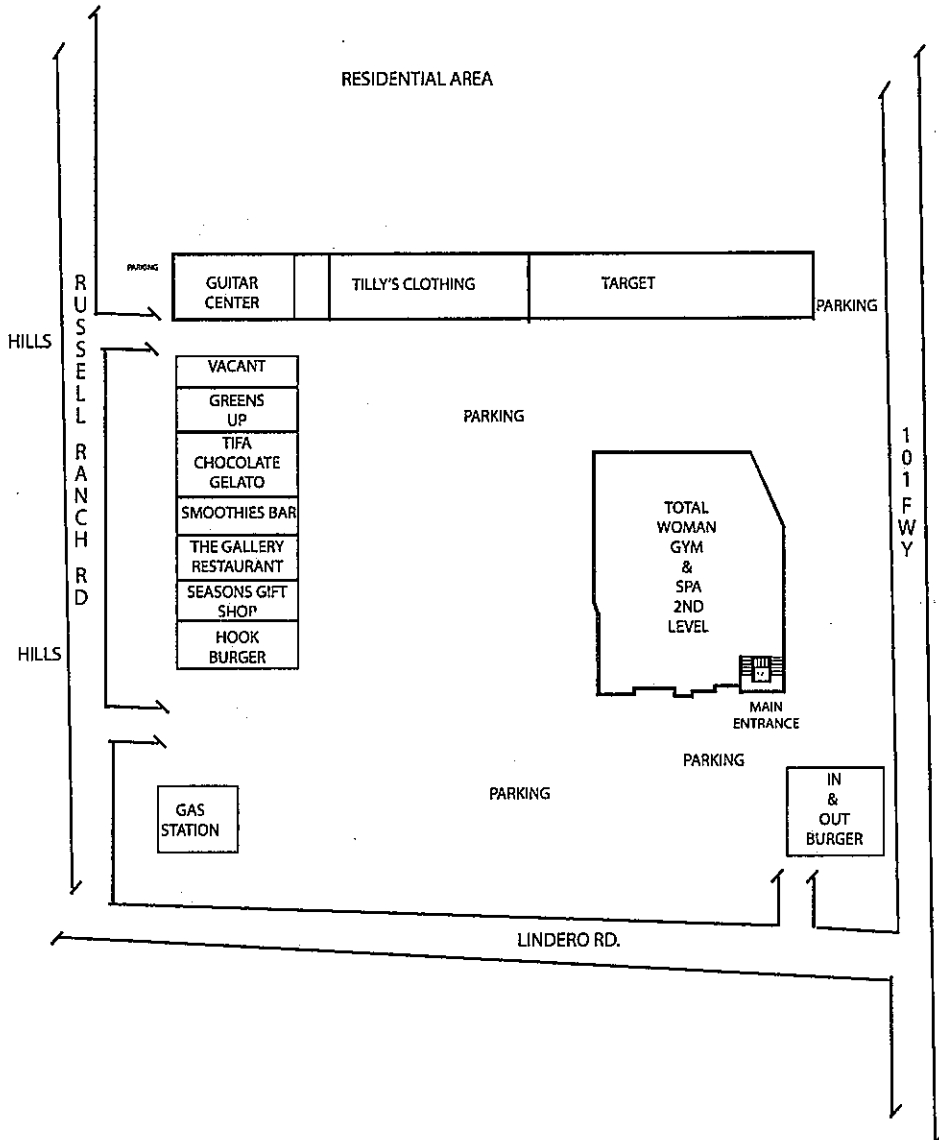




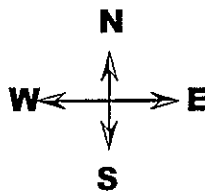
TOTAL WOMAN GYM & SPA  
30770 RUSSELL RANCH RD. BUILD. H  
WESTLAKE VILLAGE, CA 91362  
NOT DRAWN TO SCALE  
BY: M. BEJARANO #2  
DATE: 4-27-2015



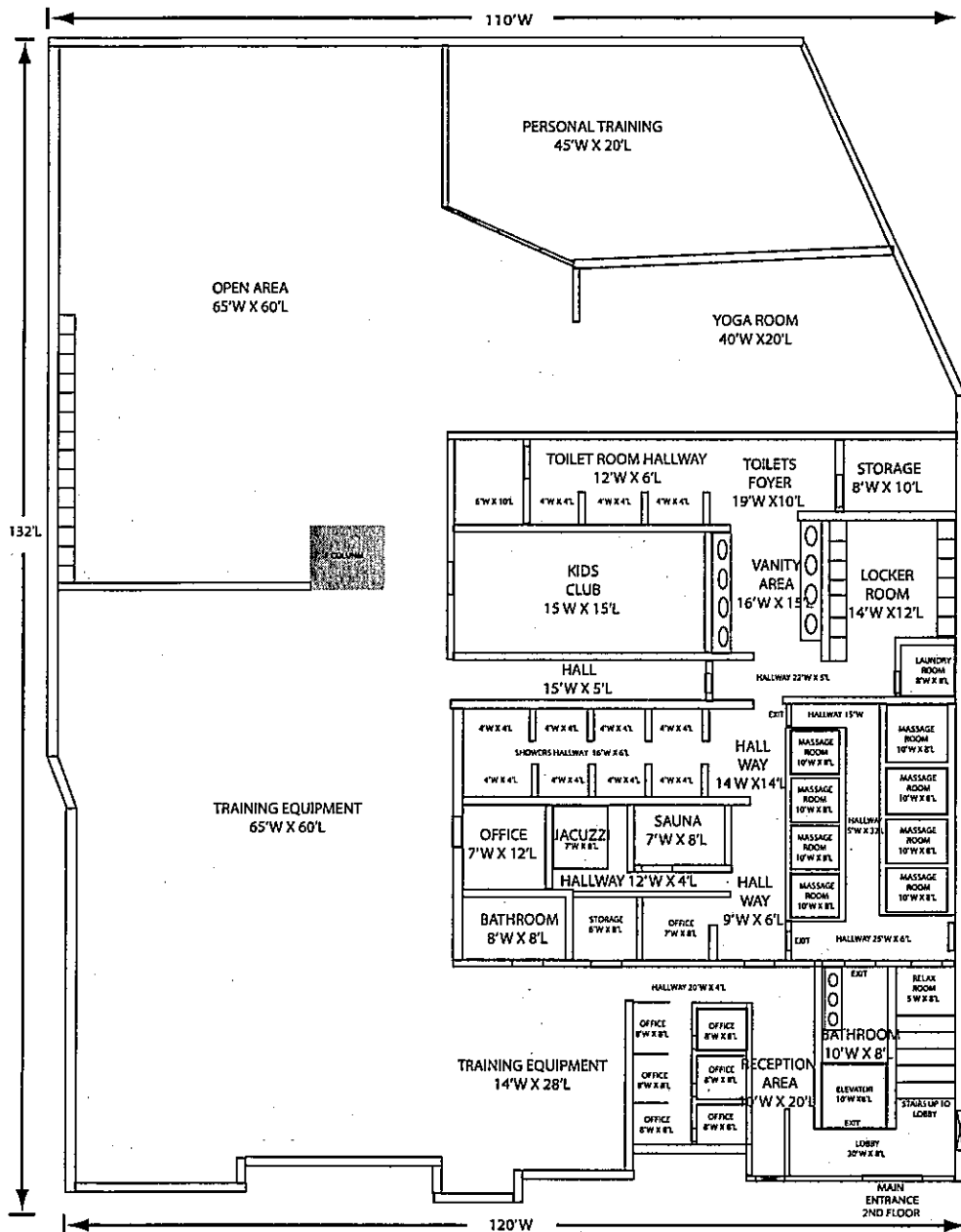
SITE PLAN



TOTAL WOMAN GYM & SPA  
30770 RUSSELL RANCH RD. BUILD. H  
WESTLAKE VILLAGE, CA 91362  
NOT DRAWN TO SCALE  
BY: M. BEJARANO #2  
DATE: 4-27-2015



INTERIOR FLOOR PLAN





Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID #

141928

BUSINESS INFORMATION

Type of Business: <u>Gym + Spa</u>	Address of Business: <u>TW Holdings, Inc.</u> <u>70770 Russell Ranch Road, Walnut Hills, CA 91362</u>	
Start Date (Projected):	Business Telephone: <u>858-217-3920 x 1120</u>	
DBA (Business Name): <u>Total Women Gym + Spa</u>	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>Aug. 21, 2007</u> Incorporated in the State of: <u>CALIFORNIA</u>		
Exact Corporate Name: <u>TW Holdings, Inc.</u>		
Names of Officers	Addresses	Titles
<u>Craig Lewis</u>	[REDACTED]	<u>CEO</u>
<u>Michael Trivitt</u>	[REDACTED]	<u>CFO</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Craig Lewis</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>Craig@totalwomenspa.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED] Hair Color: [REDACTED] Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 6/15/2016 Applicant's Signature: [Signature]

Application taken by: N. Love Date: 6/15/16

\* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 30770 RUSSELLRANCHRDBLDGD H, WESTLAKE VILLAGE, CA 91362

TELEPHONE: (805) 496-9978

OWNER OF BUSINESS: CRAIG L LEVRA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOTAL WOMAN GYM & SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

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**RISK MANAGEMENT  
LA COUNTY**

☐ APPROVAL

☐ DENIAL

RECOMMENDATION:

*See attached email.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BL 141928

**Nicole Love**

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**From:** Ernesto Romo  
**Sent:** Tuesday, September 27, 2016 1:27 PM  
**To:** CEO Insurance Compliance; Nicole Love; Mary Hudgens  
**Cc:** Destiny Castro; Mary Hudgens  
**Subject:** RE: TOTAL WOMAN GYM AND SPA - ER - DUE: 10-07-16

Hi Nicole,

The Certificate of Insurance contains the appropriate coverages please ensure that you have a current certificate as this one has expired.

Thanks much-

Ernie Romo  
Liability Claims  
CEO-Risk Management Branch  
3333 Wilshire Blvd. Suite 820  
Los Angeles, CA 90010  
[eromo@ceo.lacounty.gov](mailto:eromo@ceo.lacounty.gov)  
213/351-6434

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**From:** CEO Insurance Compliance  
**Sent:** Monday, September 26, 2016 11:48 AM  
**To:** Nicole Love; Mary Hudgens; CEO Insurance Compliance  
**Cc:** Destiny Castro; Mary Hudgens; Ernesto Romo  
**Subject:** RE: TOTAL WOMAN GYM AND SPA - ER - DUE: 10-07-16

Good morning,

We have received your request, please expect to receive a response from Ernesto Romo on or before October 7, 2016.

Thank you.

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**From:** Nicole Love  
**Sent:** Monday, September 26, 2016 11:33 AM  
**To:** Mary Hudgens; CEO Insurance Compliance  
**Cc:** Destiny Castro  
**Subject:** TOTAL WOMAN GYM AND SPA

Good Afternoon,

Can you take a look at this Certificate of Liability for this Health Spa and just tell me everything looks ok? I know you cannot approve or deny the referral anymore, but just looking at this document, would you say everything looks good with the exception of the expiration date (an updated one is being sent to me)?

Thank you.

Nicole Love

Hi Mary,

Would please review this Bond and let me know if you think it looks ok? The last one I sent to you did not mention LA County. This one actually shows LA County. I am looking at the Bond for \$5,000.00.

Nicole Love  
Tax Services Supervisor II  
Revenue and Enforcement – Business License Section  
Los Angeles County Treasurer and Tax Collector  
P.O. Box 513191  
Los Angeles, CA 90051-1191  
☎: (213) 974-2014 / 📠: (213) 633-5497 / ✉: [nlove@ttc.lacounty.gov](mailto:nlove@ttc.lacounty.gov)

Pay  
Online

at <http://ttc.lacounty.gov/> Safe. Secure. Convenient

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**From:** Mary Hudgens  
**Sent:** Wednesday, July 27, 2016 9:50 AM  
**To:** CEO Insurance Compliance; Nicole Love  
**Cc:** Destiny Castro  
**Subject:** RE: PARK RIGHT BL143289 - MH - DUE: As soon as possible

Hi Nicole:

Please contact me regarding this request. Thank you.

Mary Hudgens  
Chief Executive Office  
Risk Management Branch  
(213) 351-6421  
[mhudgens@ceo.lacounty.gov](mailto:mhudgens@ceo.lacounty.gov)

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**From:** CEO Insurance Compliance  
**Sent:** Tuesday, July 26, 2016 2:52 PM  
**To:** Nicole Love; CEO Insurance Compliance  
**Cc:** Destiny Castro; Mary Hudgens  
**Subject:** RE: PARK RIGHT BL143289 - MH - DUE: As soon as possible

Good afternoon,

We have received your request, please expect to receive a response from Mary Hudgens as soon as possible.

Thank you,

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**From:** Nicole Love  
**Sent:** Tuesday, July 26, 2016 2:03 PM  
**To:** CEO Insurance Compliance  
**Subject:** FW: PARK RIGHT BL143289

Good Afternoon,



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 30770 RUSSELLRANCHRDBLDGD H, WESTLAKE VILLAGE, CA 91362

TELEPHONE: (805) 496-9978

OWNER OF BUSINESS: TW HOLDINGS INC. - CRAIG LEVRA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOTAL WOMAN GYM & SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

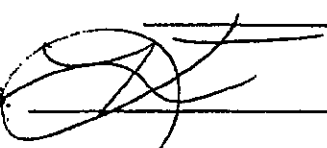
THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY  
WESTLAKE VILLAGE**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: 

DATE: 3-10-16

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 30770 RUSSELL RANCH RD BLDG D, WESTLAKE VILLAGE, CA 91362

TELEPHONE: (805) 496-9978

OWNER OF BUSINESS: TW HOLDINGS INC. [REDACTED] CRAIG LEVRA

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOTAL WOMAN GYM &amp; SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: 

DATE: 1-30-15



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

✓  
Rec'd  
515

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **130770 RUSSELL RANCH RD BLDGD H, WESTLAKE VILLAGE, CA 91362**

TELEPHONE: **(805) 496-9978**

OWNER OF BUSINESS: **TW HOLDINGS INC.**  
**[REDACTED] CRAIG LEVRA**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **TOTAL WOMAN GYM & SPA**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**PUBLIC HEALTH  
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: **[Signature]**

DATE: **1/15/15**

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **30770 RUSSELLRANCHRDBLDGD H, WESTLAKE VILLAGE, CA 91362**

TELEPHONE: **(805) 496-9978**

OWNER OF BUSINESS: **TW HOLDINGS INC. - CRAIG LEVRA NR.**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **TOTAL WOMAN GYM & SPA**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**KIM MATTHEWS: 858-217-3935**  
**DEVON COLEMAN: 858-217-3939**

**TREASURER & TAX COLLECTOR**

**LA COUNTY**



**APPROVAL**



**DENIAL**

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **30770 RUSSELLRANCHRDBLDGD H, WESTLAKE VILLAGE, CA 91362**

TELEPHONE: **(805) 496-9978**

OWNER OF BUSINESS: **TW HOLDINGS INC. CRAIG LEVRA** *sp.*

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **TOTAL WOMAN GYM & SPA**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING  
WESTLAKE VILLAGE**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: *[Signature]*

DATE: *2/10/16*



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



916-00928

BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 30770 RUSSELLRANCHRDBLDGD H, WESTLAKE VILLAGE, CA 91362

TELEPHONE: (805) 496-9978

OWNER OF BUSINESS: CRAIG L LEVRA

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOTAL WOMAN GYM & SPA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

[Signature]

DATE:

9-26-16

BASIC LICENSE NO. 5912

DATE 08/22/16

IDENTIFICATION NUMBER 141928